

YEAR 2000 USE RECORD FOR WEST NILE VIRUS LARVICIDING

1. CITY/TOWN _____

2. APPLICATOR(s): _____

3. DATE OF APPLICATION: _____ 4. APPLICATION METHOD: HAND _____ OTHER _____

5. HIGHLIGHT PRODUCTS USED:

Methoprene Insect Growth Regulator (IGR)

- Product Trade Name: "ALTOSID" *

CIRCLE THE "ALTOSID" PRODUCT USED FROM THE LISTING BELOW:

ALTOSID PELLETS
EPA REG NO: 2724-448

ALTOSID BRIQUETS
EPA REG NO 2724-375
(30 DAYS)

ALTOSID XR
EPA REG NO: 2724-421
(150 DAYS)

* If you are NOT using the above listed "Altosid" products, then complete the following information:

Bacillus thuringiensis israelis (Bti)

◆ Product Name: _____ EPA REG NO: _____

Bacillus sphaericus (Bs)

◆ Product Name: _____ EPA REG NO: _____

6. TOTAL AMOUNT APPLIED FOR THE APPLICATION DATE: _____

List streets and roads where catch basins were treated.

OR

A map of the municipality with the streets and roads receiving treatment can be highlighted.
Use a different color marking pen for each day of application and attach map to this form.

A. _____

B. _____

C. _____

D. _____

E. _____

7. Number of catch basins treated on the application date: _____

8. Approximate number of hours treating catch basins: _____

This form should be completed on a daily application

